

Provider Communication

Subject: Phase II and III Pharmacy PDL Changes Effective July 1, 2008	Priority: High
Date: April 25, 2008	Message ID: ACSBNR04252008_1

Dear Pharmacy Provider:

Preferred Drug List changes for the State of Georgia Fee-For-Service Medicaid and PeachCare for Kids Programs

EFFECTIVE July 01, 2008

Phase II and III PDL Changes

As communicated to you in the past, the Georgia Department of Community Health (DCH) is revising its current Preferred Drug List (PDL) for maximum clinical and cost effectiveness due to the continued growth in drug expenditures. Listed below are the preferred products in the therapeutic categories impacted by this revision of the Preferred Drug List. *All current quantity level limitations apply.*

Non-Dihydropyridine Calcium Channel Blockers		
	Preferred	Non-Preferred
	Cardizem LA	Calan
	Cartia XT	Calan SR
	Diltia XT	Cardizem
	Diltiazem	Cardizem CD
	Diltiazem ER	Cardizem SR
	Diltiazem XR	Covera-HS
	Taztia XT	Dilacor XR
	1. Verapamil HCL	Isoptin SR
	2. Verapamil ER PM	Tiazac
	3.	Verelan PM
	4.	
	5.	

Long Acting Narcotics		
	Preferred	Non-Preferred
	6. Duragesic (brand only)	Avinza
	Kadian	Fentanyl Patch
	Morphine Sulfate SA Tab	MS Contin
		Opana ER
		Oramorph SR
		Oxycodone ER
		Oxycontin
Narcotic Lozenge		
	Preferred	Non-Preferred
	none	Actiq
		Fentanyl Lozenge
		Fentora
Bone Ossification Suppression Agents		
	Preferred	Non-Preferred
	Etidronate Disodium	Actonel
	Fosamax	Actonel w/Calcium
	Fosamax Plus D	Alendronate
	Miacalcin	Boniva
		Fortical
	7.	8.
Insulins	9.	
	Preferred	Non-Preferred
	Lantus Vial	10. Apidra
	Levemir Vial	11. Humalog
	Novolin	12. Humulin
	Novolog	Lantus Cartridges/Solostar
		Levemir Pens

		<i>Select Lilly products are preferred when there is no Novo Nordisk equivalent product available.</i>
Antihyperkinesia Agents		
	Preferred	Non-Preferred
	Adderall XR	13. Adderall
	Amphetamine salt combinations	14. Daytrana
	Concerta	Desoxyn
	Dextroamphetamine Sulfate	15. Dexedrine
	Dextrostat	16. Provigil
	Focalin/Dexmethylphenidate	17. Ritalin
	Focalin XR	Ritalin SR
	Metadate CD	Strattera
	Metadate ER	
	Methylin	
	Methylin ER	
	Methylphenidate	
	Methylphenidate ER	
	Methylphenidate SA/SR	
	Ritalin LA	
	Vyvanse	
		<i>All preferred and non-preferred agents will continue to be subjected to DCH's current clinical prior authorization criteria for recipients 21 years of age and older.</i>

COX II Inhibitors		
	Preferred	Non-Preferred
	Celebrex*	None

	<i>*after use of two (2) generic NSAIDS for at least 14 days of therapy each</i>	
Inhaled Steroids		
	Preferred	Non-Preferred
	Advair (Diskus/HFA)	18. Aerobid
	Asmanex	Aerobid-M
	Azmacort	19. Pulmicort Turbuhaler/Flexihaler
	Flovent (Diskus/HFA)	
	Pulmicort Respules	
	QVAR	
	Symbicort	
Angiotensin Receptor Blockers		
	Preferred	Non-Preferred
	Avapro	20. Atacand
	Benicar	Teveten
	Cozaar	
	Diovan	
	Micardis	
Angiotensin Receptor Blockers and Diuretics		
	Preferred	Non-Preferred
	Avalide	21. Atacand HCT
	Benicar HCT	Teveten HCT
	Diovan HCT	
	Hyzaar	

	Micardis HCT	

Selective Serotonin Reuptake Inhibitors (SSRI's)		
	Preferred	Non-Preferred
	Citalopram	22. Celexa
	Fluoxetine	Paxil
	Fluvoxamine	Prozac
	Lexapro	Rapiflux
	Paroxetine	Sarafem
	Paxil CR	Zoloft
	Pexeva	
	Sertraline	

Please note that the State Health Benefit Plan and the Board of Regents Plan no longer utilize the same Preferred Drug List as Georgia Medicaid, therefore, the above changes do not impact these plans.

We appreciate your continued participation in the Georgia Medicaid program. If you have any questions, please contact SXC Health Solutions Customer Service at 1-866-525-5826. If you are calling to obtain prior authorization, please contact SXC's Clinical Call Center at 1-866-525-5827.